

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Indian Health Service

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INDIAN HEALTH SERVICE CIRCULAR NO. 91-4

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Guidelines for Withholding Cardiopulmonary Resuscitation - Police

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1. Purpose. This circular outlines Indian Health Service (IHS) policy regarding guidelines for withholding cardiopulmonary resuscitation (CPR) for certain patients.
2. Background. Advanced medical technology has increased our ability to prolong life. Cardiopulmonary resuscitation (CPR) techniques to reestablish breathing and heartbeat after cardiac and/or respiratory arrest are all medically justified and indicated for patients whose conditions are not yet diagnosed or for those who have a hopeful prognosis. The intent of CPR is to prevent sudden, unexpected death. However, CPR may not be indicated in situations where death is expected, such as in cases of terminal, irreversible illness. Unless the patient has directed otherwise, there is a traditional presumption that a patient wishes to be kept alive whenever there is reasonable hope for recovery or prolongation of life. Whenever possible, the patient or surrogate should have an opportunity to consider ahead of time if CPR is desired. It is the responsibility of the attending physician to assure that the patient's expectations be regarded as an important component of the care plan.
3. Definitions.
  - A. Attending Physician - The physician member of the medical staff having primary responsibility for the patient's care,
  - B. Cardiopulmonary resuscitation - A standardized technique employed to restore ventilation and/or circulation, including but not limited to intubation, ventilation, closed chest cardiac massage, intravenous cardiostimulant medications and defibrillation.

- C. Competent patient - A person of legal age of majority, as defined by jurisdictional law, who is conscious, able to understand the nature and severity of his/her illness and the relative risks and alternatives, and is able to make informed and deliberate choices concerning treatment options of the illness.
- D. Consent form - Form for withdrawal or withholding of life-sustaining procedures which indicates informed consent from the competent patient or surrogate to the withholding of CPR.
- E. DNR order - A physician's written order for "Do Not Resuscitate," which will mean no cardiopulmonary resuscitation will be performed.
- F. Durable power of attorney - A written document, executed in accordance with State law, signed by an individual or by another at the individual's request, delegating to an agent any decision regarding the individual's health care, should the individual become incompetent.
- G. Family - The patient's spouse, children of legal age of majority, parents, brothers and sisters of legal age of majority. The term includes the non-custodial parent of a minor in the event that a minor's parents are divorced.
- H. Incompetent patient - A patient who is not competent. The term includes minors.
- I. Living will - A written document, executed pursuant to State law, providing directions for an individual's health care in the event of terminal illness or incapacity.
- J. Surrogate - An individual acting as an alternate decision maker on behalf of an incompetent patient.
- K. Terminal condition - Any disease, illness, injury or condition sustained by an individual from which there is no reasonable medical expectation of recovery and which, as a medical probability, will result in the death of the individual regardless of the use or discontinuance of medical treatment implemented for the purpose of sustaining life or the life process.

#### 4. Policy

- A. Application. This policy applies to all IHS hospitals, and may be used by tribal contractors as guidance when such circumstances arise.

B. Statement of Policy.1. General

- a) In the absence of written instructions not to resuscitate, there is a presumption in favor of hospital personnel to perform CPR.
- b) When considering a DNR order, discussion with the patient, patient's family, nursing, and/or other concerned health care providers is prudent and appropriate. Every effort should be made to provide comfort and reassurance suitable to the patient's state of consciousness and condition.
- 4 Any decision not to resuscitate must be based on generally accepted standards of medical care.
- d) A DNR order shall not exclude the patient from any other procedure or treatment that is felt to be medically necessary. Nothing in these procedures should indicate to the medical or nursing staff or to the patient and family any intention to diminish supportive medical and nursing care.

2. The Competent Patient

If a competent patient requests a DNR order, the attending physician may write the order when the following conditions are met:

- 4 The attending physician counsels the patient to determine whether the patient understands the nature of his/her illness and the consequences of his/her decision.
- b) Where appropriate, a written informed consent is obtained. For certain competent patients, written informed consent may prove too unsettling for the patient. In such cases, it will suffice to provide within the medical record documentation of the verbally obtained informed consent. Under these circumstances, a second staff physician should review the clinical situation and document his/her written concurrence in the medical record.

- c) Approval of the family is not required, and their refusal of such approval-is not sufficient to overrule the informed consent of the competent patient. Nonetheless, the patient's family should be informed of the patient's decision and of the hospital's intention to abide by that decision, and the family's concerns should be noted in the patient's medical record.

3. The Incompetent Patient:

The attending physician may enter a DNR order for an incompetent patient if:

- 4 The patient has executed a durable power of attorney, the document does not limit the entry of a DNR order, and the patient's agent has indicated his/her informed consent to the entry of a DNR order by executing a consent form; or
- b) A legal guardian has been appointed for the patient and the legal guardian has indicated his/her informed consent to the entry of a DNR order by executing a consent form; or
- c1 The patient has a terminal condition and has executed a living will which permits the withholding of resuscitation; or
- d) Where a, b, or c are not applicable, but:
  - (1) the patient has a terminal condition;
  - (2) a member of the patient's family has given informed consent to the entry of a DNR order by executing a consent form. The consent form shall be executed by one member of the patient's family in the following order: spouse, son or daughter of legal age of majority, either parent (in the case where a minor patient's parents are divorced, then the custodial parent), brother or sister of legal age of majority; and
  - (3) in the judgement of the attending physician, the entry of a DNR order for the patient is within generally accepted standards of medical care.

d Where, a, b, or c are not applicable and there are no family members available to **make** treatment decisions, the attending physician may be designated the surrogate decision maker. A DNR order may be written when:

- (1) it is clear that the patient has a terminal-and incurable illness; and
- (2) in the judgement of the attending physician, with written concurrence of another physician and the Clinical Director, the entry of a DNR order for the patient is within generally accepted standards of medical care.

4. Review of DNR Order:

- a) DNR orders should be reviewed at regular intervals by the responsible health care professional.. He or she should reevaluate the patient, consult again with the patient or surrogate if there is any change, and rewrite the order if appropriate. Progress notes should document daily the status of the patient.
- b) A DNR order will be revoked at any time if the clinical condition warrants or the patient so desires.

5. Documentation:

- a) All DNR orders must be written and must be signed by the attending physician.
- b) The following should be specifically documented in the medical record prior to writing a DNR order:
  - (1) the patient's medical condition and prognosis;
  - (2) an assessment of the patient's mental status and competence or incompetence;
  - (3) documentation of discussions with the competent patient and the patient's family concerning the patient's condition, the consequences of withholding resuscitation and the consensus reached;
  - (4) For the incompetent patient; a statement of the discussions with the concurrence of involved family members, legal guardian or agent; and

- (5) copies of all supporting documents should be placed in the medical record.-

6. Review Mechanisms:

- a) A review mechanism should be established to consider any disagreements either among staff or between staff and a patient or his/her representative in regards to DNR orders. Peer review by a neutral senior physician, consultation with the medical staff executive committee, or an ad hoc institutional ethics committee are examples of viable mechanisms. Written documentation of the decision should be placed in the patient's medical record.
- b) While review proceedings are taking place, CPR should not be withheld.
- c1 The service unit quality assurance program should periodically review all patients who have DNR orders written.

7. Advanced Directives:

Specific issues that relate to the Patient Self Determination Amendments of 1990, including a patient's right under State law to accept or refuse treatment and to formulate advanced directives, will be addressed in a separate IHS policy issuance.

8. Legal Consultation:

- 4 When the patient falls within one of the categories listed below, a DNR order should not be written without consultation with a Regional Attorney or the Litigation Branch, Business and Administrative Law Division, Office of General Counsel:
- (1) the patient is pregnant;
  - (2) the patient is a victim of a crime or suicide attempt; or
  - (3) the patient's condition is possibly a result of malpractice.

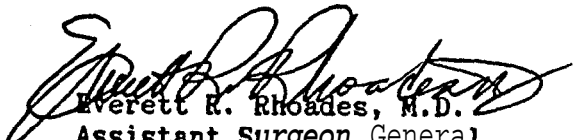
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- b) Legal consultation 'should also be considered when:
  - (1) in the case of an incompetent patient, there is unresolved family disagreement over the writing of a DNR order.
  - (2) questions arise concerning the applicability of Natural Death Acts.
- c1 Hospital administration should be informed in any case where judicial advice is being considered.

5, Supersession. This circular supersedes IHS circular No. 85-1, Instructions not to Resuscitate Certain Patients - Policy, dated February 28, 1985.

  
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